

### STATEMENT OF UNDERSTANDING

I understand that Anna McMichael, Director of Community Life at Hope Community Church, is a lay-minister of the church, is involved with the spiritual formation, discipleship within the church and is a member of the Inner-Healing Prayer Team and is **not** a licensed or professional counselor, therapist, psychological or medical practitioner. I deem her as an encourager in the Christian faith, someone to assist me in my spiritual growth and maturity as a follower of Jesus Christ.

I fully accept this ministry and do not hold Anna McMichael or Hope Community Church responsible for any outcome that may arise as a result of it. I do not hold the person or church named above responsible for any further or additional care I may need in the future. I take full responsibility for my life, health, and well-being now and in the days to come. I realize my meeting with her is totally voluntary and that I am free to leave and/or terminate at any time for any reason. I also agree that Anna may cease facilitating prayer ministry with me at any time for any reason.

I realize that as a staff member of the church, Anna is under the direct supervision of Dean Wertz, Lead Pastor. I am also aware that she may need to intervene or report to her supervisor or other appropriate authorities if she suspects that I or someone else is currently endangered by physical or sexual abuse; that I communicate intent to harm myself or another person; or that I exhibit an impaired mental state.

I understand that I am under no financial obligation to her or the church, and that this ministry is being offered on a donation basis. Any contribution I choose to give to help support this ministry is a token of my appreciation and not as payment for service rendered. I understand that Anna provides prayer ministry outside of her regular job duties and does not receive compensation for her prayer ministry time. She depends on donations in order to be able to give of her time in this way. I am also aware that this statement will remain in effect until otherwise stated in writing.

(Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_